1. PLACE OF DEATH.	00000		
County Cercl Registration	Diet No. 9.5		
Village or City Conoungo No. (If death occurred in a hospital or institution, give its NAME	Ct Ward		
Length of rasidence in city or town where death occurredyrs,ds. How long in U.S. if of foreign birth?	Linstead of street and number)		
2. FULL NAME Stillow Boddy			
(a) Residence: No. St., Ward. (Usual place of abode) St., Ward.	give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Surge: (Month)	/8 , 193 / (Day) (Yaar)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 22. I HEREBY CERTIFY	Y, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) June 18, 1934 last saw h live on File on	2/8 1934 danth is said		
7. AGE Years Months Days If LESS than to have occurred on the date stated above, a The PRINCIPAL CAUSE OF DEATH and related cause			
9 Trade profession or particular	Oate of onset		
A. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate decased last worked at this occupation (month and this programme) this programme in the prog			
O 10. Oate decaased last workad at this occupation (month and spent in this occupation o			
12. BIRTHPLACE (city or town) Consump Other Centributory Causes of importance: (State or country)			
13. NAME Robert ashville			
13. NAME Robert ashvelle 14. BIRTHPLACE (city or town) Name of operation	Date of		
(State of country) / May 150 M. What test confirmed diagnosis?			
15. MAIOEN NAME 15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill Accident, suicide, or homicide?			
(State of County) Where did Injury occur?			
17. INFORMANT Specify whather injury occurred in INOUSTRY, in HON (Address)	town, county and State) ME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Manner of injury			
PlacaData, 19 Nature of injury			
19. UNDERTAKER 24. Was disease or injury In any way related to occupate (Addrass)	tion of deceased?		
20. FILEO	n.d. M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Sig. B.

BINDING

RESERVED

MARGIN

V. S. No. 1

B

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GUREAU V. S. I		9	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis ECFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
424 (4.4.2.4)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	l	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The second secon	. 1			
Other contributory causes of importance:	2	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

TION is very important. See instructions on back of certificate.

1. 1	PLACE OF	DEATH !			(93-6)	07
	County	TURCUL	<i>L</i>		Registration Dist. No. 92	_
	Village or Cit	y Chemo Hez	Mid		No Clems House st	Ward
		1	~		death occurred in a hospital or institution, give its NAME instead of street and number	
	Length of reside	ence in city or town where	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. 1	FULL NAM	IE John	sin	alucio A	orase	
	(a) Residence	e: No			St., Ward.	
	PERCON	AND CHATICE	(Usual place		If nonresident give city or town and State	- Control of the Cont
a CEN		AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	1.0	4. COLOR OR RACE		RIED, WIDOWED, D (white the word)	21. DATE OF DEATH June 13	4
111	All	Mille	Ahry	le	(Month) (Day)	(Year)
H	married, widowed	d, or divorced	A		22. AL HEREBY CERTIFY. That I attended deces	and from
((or) WIFE of		V		Thurst 34 miles 18	sed Irom
6. DA1	TE OF BIRTH (m	nonth, dey, and year)	abor	×1857	I lest/sew h & alive on sung 11, 1027; dea	th is said
7. AGE			Days	If LESS than	to have occurred on the date stated above, et	
	44			1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ 8	8. Trade, profess	ion, or particuler	/	ormin.	were as follows:	ofonset
ON	kind of wo	ion, or particuler ork done, as SPINNER, BOOKKEEPER, etc	naron		Mosal, Milles Novo 1870	7
AT	9. Industry or bu	usiness in which			January Wood of State	<u></u>
work was done, as SILK MILL, SAW MILL, BANK, etc.					1151 Philapin Minon Dila	-2-
10. Date deceased last worked at this occupation (month end)					was orgovered	
	year)	nuis.	000	upation	Other Contributory Causes of importance:	
12. BI	RTHPLACE (city		va.			
	(State or count	rs) /	7		-	
E 13	3. NAME	alried C	ain			
FATHER	A. BIRTHPLACE (city or town)			Name of operation Date of	
T.	(State or c		land		Whet test confirmed diagnosis? Wes there en aulops	w?
₩ 15	5. MAIDEN NAM	E		V	23. If death was due to external causes (VIOL ENCE) fill In also the following:	,
MOTHER 12	6, BIRTHPLACE ((alty or town)			Accident, suicide, or homicide? Date of Injury	19
X I	State or o		Local		Where did Injury occur?	
	7	(· ·			(Specify city or town, county and State)	
17. IN	FORMANT (Address)	minas Cais	2		Specify whether injury occurred in INDUSTRY, in HOME, or in PÜBLIC PLACE.	
18. BU		DN, OR REMOVAL	1		Manuse of Latina	
	Place Est	Litro Gen	Date	w/6 1934	Manner of injury	
	//	1001	1	, 1022-	Neture of Injury	
19. UN	DERTAKER L	endy G. Mai	Eller O		24. Was diseese or injury in any way related to occupetion of deceased?	0
-	(Address)	Adver .	p /2		If so, specify	
20. FII	LED June	14/1934 /2	fraus ()	hoges	(Signed)	M. D.
	1			Registrar.	(Address) CRSOn-and	
/		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Date of onset	The principal cause of death and related causes	Date of onset
11	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car Iuly 5,1927 Peritonitis Other contributory causes of importance:

111	D1110111111	Of HOL TON		1 111101011111	

V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05908		
1. PLACE OF DEATH			
County Cere	Registration Dist-No. 92		
Village Dr City Celle	No. Umm fishelie St. Ward		
	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredmos	ds. How long in U.S. If of foreign birth?yrsmosds.		
2. FULL NAME VVIII VIII VIII	divide		
(a) Residence: Np. (Umal place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeal)		
5a. If Married, widowed, or divorced HUSBAND of (or) WIFE of Clubburch	I HEREBY ERTIRY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Warel 11, 1882	I last saw h alive on 193 A; death is said		
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
9 Trade profession or particular	Data el onset		
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this pecunation (month and this pecunation (month and specific process).	Caramonia & Carry		
10. Date deceased last worked at this occupation (month and year) occupation			
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:		
(State or country)	flewe fulula		
I 13. NAME Solleile Soleacu	999		
13. NAME Sttleib Soleace 14. BIRTHPLACE (city or town) (State or country) Services	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?		
15. MAIDEN NAME AND Successful	23. If death was due to external couses (VIDLENCE) fill in elso the following:		
15. MAIDEN NAME W Secret 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?		
17. INFORMANT Classicals (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Process Del Date Date 9., 193.4	Manner of injury		
19. UNDERTAKER P. J. France (Addingss)	24. Was disease or injury in any way related to occupation of deceased? If so, specify		
20. FILED June 7, 1934 Draws Breinger.	(Signed) Ca Carlluck M. D. (Address) Mrs. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Joe 1 V. S. 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	ER STATEMENTS B	Y PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be catefully supplied. AGE should be stated EXACTLY. PHYSICIANS shorld state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	
County Cecil		Registration Dist. No. 92	
Village Dr City Elector	RD	NDSt., W	
Length of residence in city or town where 2. FULL NAME Calforn		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos	
(a) Residence: Np.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	isale	22. I HEREBY CERTIFY. That I attended deceased James 3 1934, to 193	
5. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months 7. 4	Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at form. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	23 ormin.	were as follows:	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked et this occupation (month end		acute landia	
work was done, as SILK MILL, SAW MILL, BANK, etc	1	Tilabation	
10. Dete deceased last worked et this occupation (month end year)	11. Totel time (years) spent in this occupation	Paranay cause: Chrovis myocardities	
2. BIRTHPLACE (city or town) Nagle (State or country) taly	les	Dther Coutributory Causes of importence:	
13. NAME Vincent (C	isale		
14. BIRTHPLACE (city or town)	Ula	Name of operation Date of	
15. MAIDEN NAME 200 mg	omation	What test confirmed diagnosis? Was there en au opsy? 23. If death was due to external ceuses (VIDL ENCE) fill in elso the following:	
15. MAIDEN NAME 20 16. BIRTHPLACE (city or town) 20 (Stete or country)	information information	Accident, suicide, or homicide?	
17. INFORMANT Mrs thank Di Lovenza (Address) Elkton zus		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	Date June 6 , 19 39	Manner of injury	
19. UNDERTAKER & WP 19. (Address) Elktry 27.	niu	24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED June 5-, 1934 J.	Registrar.	(Signed) (Ageress) (Ageress)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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paretall V. S.			
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Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnoda County Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAMF, instead of street and number) Length of residence in city on town where death occurred ds. How long in U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME ECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEY 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH R DIVORCED (qurite he word) assified. BINDING 5a. If married, widowed, or divorced -HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months to have occurred on the date stated above, et 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____min. 8. Trade, profession, or particular PATION kind of work done, as SPINNER RESERVED Jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which work was done, as SILK MILL pluods SAW MILL, BANK, etc on 10. Date deceased last worked at 11. Total time (years) this occupation pronti spant in thise that occupation instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation (State or country) carefully What test confirmed diagnosis? _____ Was there an autopsy?_ HER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?_____ Date of injury_____ 19____ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, 17. INFORMANT OF (Address) 18. BURIAL, CRÉMATION, OR REMOVAL Manner of Injury CAUSE TION Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrur.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-AECORD. Every item of inforstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. B.—WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH County Village or City Village or Ci	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Length of residence in city or town where death occurring. Mys. Length of residence in city or town where death occurring. Mys. 2. FULL NAME (a) Residence: No. (Umal place of abods) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SINGLE, MARRIED, MIDORED, MYS. 3. If married, widowed, ac divorced wind substance of city of town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH (Month) (Day) 103 (White of the control of the city of town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH (Month) (Day) 103 (White of the city of town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Month) (Day) 103 (White of the city of town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Month) (Day) 103 (White of the city of town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Month) (Day) 122 1 HER BEBY CERTIFY That I altended discussed from the city of the ci	1. PLACE OF DEATH	(46)
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Length of residence incity or town when death occurying of the country of the control of the country of the cou		
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Personal and State Personal and State	2. FULL NAME Mancy & Grabeth	Colield
PERSONAL AND STATISTICAL PARTICULARS 9. SEV	(a) Residence: No. Parthologist & F	WSt. Ward.
4. COLOR OR RACE S. SHINGLE, MARRIED, WIDOWED, (dring the jowned) So. II married, widowed, activorced (cr) WiFe of Married, widowed, activorced (cr) WiFe of Month) 6. DATE OF BIRTH (month, day, and year) 7. AGE Year: Months Dayy II LESS than 1 day,	(Usual place of abode)	If nonresident give city or town and State
AR BIVORCED (chirty theyword) Sa. If married, widowed, acceivorced Husbandor (Opy) (Month) (Day) 193 (Month) (Day) 194 195 195 196 DATE OF BIRTH (month, day, and year) (Address) 8. Trade, profession, or particular kind of work done, as SPINNER, Operation of the date stated above, at. 20 m., 190 190 191 192 193 194 195 195 196 197 198 198 199 199 199 190 190 190		
### SAMPE OF BIRTH (month, day, and year) 1	Lemale white Merror (Write the word)	6 2/ 193 4
TAGE Sears Months Days If LESS than Iday.	HUSBAND OF	6 31 15 - 21 211
8. Trade, profession, or particular kind of work done, as SPINNER. 9. Industry or business in which was done as SIN MILL, SAW INILL, BARK, etc. 10. Data deceaber last worked at this occubation. 11. Total time (years) spen in this occubation. 12. BIRTHPLACE (city or town) Cistate or country) 13. NAME 14. BIRTHPLACE (city or town) What test confirmed diagnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Cistate or country) 17. INFORMANT (Sale or country) 17. INFORMANT (Sale or country) 18. BURIAL CREMATION ADD-REMOVAL Peac Manuary 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 10. Data deceased last worked at this occubation of deceased? (Signed) Manuary Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Maddress) 19. UNDERTAKER (Signed) Manuary Injury (Signed) Manuary Injury (Signed) M. M. D.	6. DATE OF BIRTH (month, day, and year)	I last saw here alive on 6 2, 1984, death is said
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		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	11 11
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF	TATE OF M	ARYLAND-	-CERTIFICAT	TE OF	DEAT
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1. PLACE	OF DEATH			00310	
County Cecil				Registration Dist. No. 96	
			(II	i tyno. Perry Point, Md. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) 28 ds. How long in U.S. it of toralgn birth? yrs. mos. ds.	
2. FULL	NAME COFFIN,	Allen		C-340 414	
	dence: No. Railx		Walnutport		
PERS	ONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 13 , 193 4 (Month) (Day) (Year)	
5e. If marriad, w HUSBAND ((or) WIFE (idowed, or divorced of Single			22. I HEREBY CERTIFY, That I attended decessed from May 15 19 28 to June 13 19 34	
7. AGE	Years Months 42 3	Days 2	It LESS than 1 day, hrs. or min.	I last saw h_imalive onJune_131934_; death is said to have occurred on the date stated above, at 6:30_P_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Oute of onset	
8. Trade, profession, or perticular kind ot work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaased last worked et this occupation (month end yeer) Inknown spent in this occupation (coupation (Stete or country)			ime (yaars)	wn Other Contributory Causes of importance: Nephritis, chronic Interstitial Unknown	
13. NAME	Wil	lliam Coff	in		
(Stat	ACE (city or town)a or country)	Pa.		Nama of operation Date ot What test confirmed diagnosis Clinical & Labwes there an autopsy NO	
15. MAIDEN NAME Navada Kuntz 16. BIRTHPLACE (city or town) Pa. (State or country) 17. INFDRMANT Hospital Records (Address) Perry Point, Md.				23. It death was due to external causes (VIOL ENCE) fill in also the tollowing: Accident, suicide, or homicide?	
			Md.		
18-BURIAL, CREMATION, OR-REMOVAL Place Slatington, Pa. Data June 14 19 34				Manner of injury ————————————————————————————————————	
19. UNDERTAKER (Address) 20. FILED	Hayre de Gra	cression	,	24. Was disease or Injury in any way related to occapation of dacased? NO It so, specity (Signed) (Addrass) Perry Point Md.	
		Marie Control	70		

V. S. No. 1

B

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 1	Example II	15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 3 1934		•	
Other contributory causes of importance:	35 (1000	Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis ,	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

infor- state UPA-		CERTIFICATE OF DEATH 05913
	1. PLACE OF DEATH	(R) (D)
Should f OCC	County Ceel	Registration Dist. No. 15
item shor	Village or City flow Port Deposit	Np. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS Sur	Length of rasidenca in city or town where death occurred	
RD. Every YSICIANS	2. FULL NAME (LASCE 6, ST	ruter
D. SIG	(a) Residence: No.	St., Ward.
0.7	(Usual place of abode)	If nonresident give city or town and State
X xa	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE 15. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
F. Z.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH LINE - 27, 193 4 (Yash)
ING NEN CT iffed	5a. If married, widowad, or divorced	A (1001)
BINDIN ERMANI EXACT	(or) WIFE of William Q. Fowler	1 HEREBY CERTIFY, That I attanded decassed from
SIN ERN EX	6. DATE OF BIRTH (month, day, and year) well . 9. 1971	I list saw here alive on the said
H H A	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at (2) P m
FOR B. IS A PE stated E properly	62 1/ 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
FO Stal	8. Trada, profession, or particular	waperes follows: Date florest
HIS be	kind of work dona, as SPINNER ausewifl SAWYER, BOOKKEEPER, atc.	Para 1.0: Pt 5 10 311/30
RVI	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BAKK, etc.	a sale
SERVI NK_T should it may		
四日 日日 中	Spant III tills	
RES ING I		Othar Contributory Canses of Importanca:
N O S	(State or country)	
MARGIN UNFADI supplied.	W 13. NAME races Revealds	
T D G T		
	(State or country)	Name of oparation Date of
	15. MAIDEN NAME Elis Milandel	What test confirmed diagnosis? Wes thera an autopsy?
INLY, WITTE be carefully EATH in pla	15. MAIDEN NAME Eliza Mulandell 16. BIRTHPLACE (city or town) Mean Colora (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
TI CE	(Stata or country)	Accident, suicide, or homicide?
AINLY, de can DEATH		(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	17. INFORMANT (Addrass) Resided form Mag	Space, whether many occurred in INDUSTRY, in HOME, of in Public PLACE.
E PI shou	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
WRITE ation s AUSE	Place Brown Md, Date Sunt 25, 1934	Natura of injury
-WRIT mation CAUSI	19. UNDERTAKER Cr. Tyson '	24. Was disease or injury in eng way related to occupation of deceased?
S T	(Addiss) Pising sun Md.	If so, specify
B. B.	20. FILE PRINCE 3. 19 3 6 - P. A	(Signed)
> 30	Lause MN oungen Registrar.	(Addrass) Part 17 Dan Md
140000	If ore blanks a held a dess State Registrar.	2411 N. Charles Street, Baltimore, Requesting 7) S. No.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

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1PLACE OF DEATH County Cecil		STATE OF MARYLAND CERTIFICATE OF DEATH
County	MIANIN CONSOUR	Registration Dist. No. 92
Village or City Elkton. (N	10	St: Ward) (If death occurred a hospital or institution, give its NAME istead of street and the s
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARE WIDO OR DO (Write	RIED,	16 DATE OF DEATH June 7th, 1934. , 192 (Month) (Day) (Year).
February 16th	(Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from July 1930 192 to June 7th, 1934-2 that I last saw h imalive on June 6th, 1934., 192
88 yrs. 3 mos 8 OCCUPATION (a) Trade, profession or particular kind of work Druggist	If LESS than I day	The CAUSE OF DEATH * was as follows:
particular kind of work Druggist (b) General nature of industry business, or establishment in which employed or (employer) Retail 9 BIRTHPLACE (State or country) Delaware.		Centributory Secondary (Durgion) Ts. mos
10 NAME OF FATHER James Frazer		(Signed) M. M. June 7.1934. (Address) Elkton. Md.
OF FATHER (State or country) 12 MAIDEN NAME		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Emily Davis,		18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trus
13 BIRTHPLACE OF MOTHER (State or Country)		At place of death
(Informant) Mrs. R. B. Fraz (Address) Elkton, Md	er	Former or usual residence
If more banks are needed,	Registrati addre.s Ltate Kegistra	ar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census : nd American Public Health Association.)

whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Sulesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Housemaid, etc. If the occupation has been clanged household only (not raid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g.. Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day not gainfully em-(6) Grocery;

Stretement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E. amples: Cerebrospinal fever (the only definite synonym is "Epidemic gerebrose in all medin, itis"); Diphtheria (avoid use of "Croup"); Ty, hold fever (never report "Typhcid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ifaemorrliage," st_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not Whooping, cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular, heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

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V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	H	no	K	er
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	E	=	SE SE	0 0000
	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.
_	1	121	4	H
. No. 1		H	0	
Z,	8	-		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(K3) (15916)
County Cecil	Registration Dist. No. 96
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charence B. Good ma	in .
(a) Residence: No. Seven Springs, N. C. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH 13
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. C. B. Goodman	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Febry 21, 1894	1 last saw h
7. AGE Yeers Months Days If LESS than 1 dey,hrs.	to heve occurred on the dete stated ebove, et 5.1.5 cm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
40 3 73 1 aey,nrs.	were as follows: Strang aulation Date of onset
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	6/13/34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et /970 11. Totel time (years) this occupation (month end	
10. Dete deceased lest worked et this occupation (month end year) 11. Totel time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Seven Springs, N.C.	Other Coutributory Causea of importance:

13. NAME Edward Cryde Soodman 14. BIRTHPLACE (city or town) Unknown (State or country)	Neme of operation Dete of
1 (State of Stating)	Whet test confirmed diagnosis?
15. MAIDEN NAME Cuma Price	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cuna Price 16. BIRTHPLACE (city or town) Unknown (State or country)	Accident, suicide, or homicide? suicide. Dete of injury 6/3, 1934 Where did injury occur? Leterans Hospital - Perry Point Med
17. INFORMANT DE Sio. D. Bragan Point Mid.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. In private room
18. BURHAL; CREMATION, OR REMOVAL Place Goldsboro, N.C., Date June 13, 19 34	Menner of injury hung by else, cord to window frame. Neture of injury suicede by hanging
19. UNDERTAKER Remains on It de Grace, (Addiess) Pennington & Son, Havre de Grace,	24. Wes disease or injury in eny way related to occupetion of deceased?
20. FILED June 13, 1934 Charles W. Morrison	(Signed) F. Loding Frager Coronimo.

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Other contributory causes of importances Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred How long in U.S. if of foraign birth? ______ vrs. _____ ds. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFY 4 COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If marriad, widowad, or divorced HUSBAND of 22 I HEREBY CERTIFY. That I attended decassed from (or) WIFE of 6. DATE OF RIRTH (month day and year) 7. AGE Days Yaars Months If LESS than to have occurred on the data stated above, at // ... 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacaased last worked at 11. Total tima (yaars) this occupation (month and spant in this yaar) occupation ... Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13 NAME 14. BIRTHPLACE (city or town)_ Name of operation. (State or country) What tast confirmed diagnosis? ----- Was thara an au'opsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicida, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town) (Stata or country) Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT _ (Addrass) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury.

> if so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(drass)

egistrar.

24. Was disease or injury in any way ralated to occupation of deceased?

S. No.

LION CAU

19. UNDERTAKER

(Address

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1928	Gastroenteritis	1 year	

PLACE OF DEATH County Cecil	STATE OF MARYLAND GERTIFICATE OF DEATH Registration Dist. No. 90 St. Word) (If death occurred in
Village or City Pear Carley Haggerty	St.: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thite SINGLE, MARRIED. WIDOWST	16 DATE OF DEATH June (Month) /8 (Day)/934 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Ufuil 1934 to 1934 that I last saw h alive on 1972
7 AGE If LESS than day hrs. day hrs. or min.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Patricular kind of work Patricular kind of which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Filed Mul / 9 1924 Pagistras	(Signed) (Duration) (Duration) (Signed) (Ouration) (Duration) (Ouration) (Our
If more blanks are needed, address Ltate hegistrate	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reg ged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, For many occupations a or At Home, and children, not gainfully emyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pněumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The niture of the injury, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; approved by Committee on Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The Nomenclature of the contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH	82:00			
County Cecil	Registration Dist. No. 91			
7.4	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foraign birth? yrs. mos. ds.			
2. FULL NAME Mary a. Collins Hane	4			
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed	21. DATE OF DEATH Jense 9 (Month) (Day) (Year)			
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Clyman Hangy	22. I HEREBY CERTIFY, That I attended daceased from 19 to 19			
6. DATE OF BIRTH (month, day, and year) 100 22 1870 7. AGE Years Months Deys If LESS than 1 dey, hrs. or min. 8. Trade, profassion, or particular kind of work done, as SPINNER, housework al	I last say h alive on 19 ; daath leasid to be coursed on the date stated abova, at 9m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset 6-8-34			
kind of work done, as SPINNER, housework al SAWYER, BOOKKEPPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaased last worked at this occupation (month and spear)	(found dead about 9.45 a.m. June 9 2)			
12. BIRTHPLACE (city or town) Lewisville 1 Pa. (State or country) 13. NAME Barthalamen Collins	Other Coatributory Causes of Importance:			
13. NAME Dathalamen Collins 14. BIRTHPLACE (city or town)	Name of operation Date of What tast confirmed diagnosts? Was there are au'opsy?			
15. MAIDEN NAME Elmyra Dairs 16. BIRTHPLACE (city or town) - reo-enformation (Stata or country) 17. INFORMANT Mus. Josephine Jitus (Address) 941 Kirkwand St. Willing, Del.	23. If death was due to external causas (VIOLENCE) fill In also the following: Accident, suicide, or homicide?			
18. BURIAL, CREMATION, OR REMOVAL & Date June / 2 19 34	Manner of Injury Nature of injury			
19. UNDERTAKER De CADITATION (Address) Elektron 2	24. Was disease or injury In any way related to occupation of daceased?			
20. FILED 6/11 , 1934 Battel Brown	(Signed) The way There works the			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

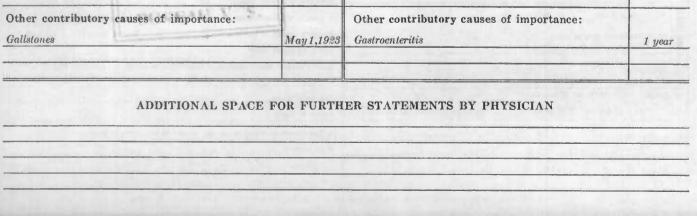
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 8 1934 -			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

PLACI	OF DEATH					MARYLAND E OF DEATH
County	OGCIT					
			HHIA ODVLON	TA AMELE DE	Registration	Dist. No. 92
	LL NAME Morr	(No.	n Hitchens		St: War	d) (If death occurred a hospital or institution, give its NAME is stead of street ar number.)
PERSO	NAL AND STATIST	ICAL PARTIC	CULARS	MED	ICAL CERTIFICATE	OF DEATH
sex Male	4 COLOR OR RACE White	B SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the wo	Married ED	16 DATE OF DEAT	June 22,	, 19 34 (Day) (Year)
6 DATE OF BI	чтн			17 I HERE	BY CERTIFY, That I a	ttanded the deceased fro
	October (Month	7 (Day)	, 1.868 (Year)	May 4,1932		21,1934, 192
occupation	rofession or			The CAUSE OF DE	EATH * was as follows:	ed above, at 10.30 A
(b) General in	ad of work nature of industry establishment in yed or (employer)		er	Contributory	(Durstion)	2 yrs 2 race
(State or co	untry)	County		Secondary	A. (Quration)).	Yrs \(\int \) mos \(\text{or} \)
10 NAME (-		(Signed)	# 1110	M.
OF FATI	ACE	County			Disease Causing Death state (1) Means of lall or Homicidal.	
12 MAIDER		Levis		18 LENGTH OF	RESIDENCE (For Hosp	oitais, Institutions, Tran
13 BIRTHP OF MOT (State o	LACE			At place of deathyrs	mosds. In the	ateyrsmosd
4 THE ABOVE	Mrs. Virgi			if not at place of of Former or usual residence	leath?	
•	ress) Elkton, Mar			Beth. 1	RIAL OR REMOVAL	June 24, 193
	e 23 19234 J	Fracesta	Back	20 UNDERTAKER		ADDRESS



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol tefanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular heart The contributory Always qualify all Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	92:0)
orld OCC	County Ceril	Registration Dist. No. 8 95
E =	Village or City Octof Conowing R.	. St. Ab. Ct Word
-= 0 /	(II Length of rasidence in city or town where death occurred 50 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	A C A	ds. How long in U.S. it of foreign birth?yrsmosds.
D. Every SICIANS	2. FULL NAME Jane & James	
2 7 /2	(a) Residence: No. V (Usual place of abode)	St., Ward. If nonresident give city or town and State
KECO!	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVDRCED (write the word)	21. DATE OF DEATH
d. L.	Jemale while widow	(Month) (Day) (Year)
SMANEN X A C T I classified.	5a. If marriad, widowed, or divorced HUSBAND of	
X A Class	(or) WIFE of for former	22. I HEREBY CERTIFY, That I attended deceesed from
States and an analysis of the states	6. DATE OF BIRTH (month, day, and yeer) Opril 7_ 1852	I last saw her alive on June 4 1934; death is said
A F ted perl jfica	7. AGE Yaars Months Days If LESS than	to have occurred on the date studed ebove, atm.
IS A PE stated E properly certificate	83 91 2 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es tollows:
be lof c	8. Trade, profession, or perticular kind ot work dona, as SPINNER, Home keeper SAWYER, BOOKKEEPER, etc	Date of oneet
-	S. Industry or business in which	Mitral Regurgatation
NK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
1 20	10. Deter deceased last worked at this occupation (months and spant in this	
NFADING I	year) 223 occupation occupation	Othar Contributory Causes of importance:
DID So ucti	12. BIRTHPLACE (city or town) Durling Phuryland (State or country)	L
UNFA supplied n terms, ee instru	The transfer of the transfer o	
5 4 4		
E := 10	14. BIRTHPLACE (city or town) - 4 - 4 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5	Name of operation Deta of
wITI efully in pla int.	15. MAIDEN NAME Aution a. Will	What tast confirmed diegnosis? Was there an au'opsy? 23. If death wes due to external ceuses (VIDL ENCE) fill in also the following:
10	15. MAIDEN NAME Juliau a. W. 11. 16. BIRTHPLACE (city of town)	Accident, suicide, or homicida?
AINLY, id be cau	(State or country) Hardon 67.	Whare did injury occur?
Id H DE	17. INFORMANT mes. Sidie graph.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
E PLAINI should be OF DEA	(Address) Consumps And R. B. D.	
TTE u sl	Place Pleasent 11 worker 21, 028934	Menner of Injury
Mation S CAUSE TION is	1.67	Natura of injury.
T HOE	19. UNDERTAKER Telar (Address)	24. Was disease or Injury In any way ralated to occupation of deceesed?
m U	July with Ma.	It so, spacity (Signed) F
7 -10	20. FILED June 26. 1931 Milliag M. Registrar.	(Address) Complete M. D.
Con	with sing 6 - If page plates property, oddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

05921

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	d		
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 17

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(131)	
County Cecil	MARIN DONES ATT	Registration Dist.	No. 92
Length of residence in city or town where death		No. Linion Asserted death occurred in a hospital or institution, give its NAME inste	
2. FULL NAME Junius (a) Residence: No. Justice	Solmso (Usbal place of abode)	St., Ward.	city or town and Slate
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF	
	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	.m., 19 7 ; death is said
8. Trede, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this		Churis milestilles h	efficie
12. BIRTHPLACE (city or town) (State or country) 13. NAME	occupation	Other Contributory Causes of importance:	
13. NAME 14. BIRTHPLACE (city or town) (State or country)		Name of operation	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Liven At taxal & admission (Address)		23. If death was due to external causes (VIOLENCE) fill in a Accident, suicide, or homicide?	Iso the following: of Injury, 19,
18. BURIAL, CREMATION, OR REMOVAL Place County Class House Date Survey 19 3 4		Manner of Injury	
19. UNOERTAKER Sole A Landy E	and is	24. Was disease or injury In any way related to occupation If so, specify	of deceased?
20. FILED June 29, 134 Ban	Registrar.	(Signed). (Address) Car	well m. D

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

TION is very important.

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH
		-1754		

05923

1. PLACE OF DEATH	(147)
County Cecul	Registration Dist. No.
Village or City Election Murors 1702	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give instructive instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Geneva Jordon	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Simple	21. DATE OF DEATH 6 10 , 193 4. (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. HEREBY FORTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mr 5 1913	I last saw help alive on 6 - 10 ,193 4; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated ebove, a 523 m.
20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were actions:
8. Trade, profession, or particular kind of work done, as SPINNER, & orustice Servant SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and spent in this	acceptant
9. Industry or business in which work was done, as SILK MILL,	Four months' pregnant, allampted alon
SAW MILL, BANK, etc	tion. The aboution was not successful;
this occupation (month and spant in this occupation occupation	child was not forme wife
Of -0.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Page and
	Hommilles restation
E Cf. J. J. V G.L	Name of operation Oate of
4 14. BIRTHPLACE (city or town) (State or country) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carrie Braywood	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Electron	Accident, suicide, or homicide? Date of injury, 19
E (State or country) may land	Where did injury occur?
17. INFORMANT Thron Kindley (Address) Elkton md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Pladelkton Colored to Date June 13, 1934	Nature of injury
19. UNOERTAKER H. W. Pignin	24. Was disease or injury in any way related to occupation of deceased?
(Addess) Elkton and	If so, specify
20. FILEDRICE 12 1924 & Frances Brager	(Signed) M. D.
Registrar.	(Address) Curry June Mc

V. S. No. 1

N. B.-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Sell	Registration Dist. No. 96
/ Village or City em out	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME My learn Harry	running.
(a) Residence: No. Very Jourt	St.,Ward. /
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22 LUEDEDY CERTIFIC THAT
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year) 1/1933.	I last saw b. alive on 32 1934 death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 9 m.
1 3 29 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	Were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	the may many the 16.
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his occuration (month and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10. Date deceased last worked at this occupation (month and year)	
Baltimore	Other Contributory Causes of importance:
2. BIRTHPLACE (city of town) (State or country)	2 Lavel De
13. NAME & Mars / Winner	
13. NAME Long Muning 14. BIRTHPLACE (city or town) and ming from the	
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME /3 Outra A Long 3 8 LL -	What test confirmed diagnosis? Was there an autopsy?
· Service pro-	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or goodplry)	Accident, suicide, or homicide?
1/4	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL:	Manner of injury
Place Works Clin Date June 3 1934	Nature of Injury
Toda Clatter	7
19 UNDERTAKER (Address)	24. Was disease or Injury In any way related to occupation of deceased?
(AUDIOSS)	If so, specify
O. FILED J.N. 5 4019 77 X	(Signed) Address M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

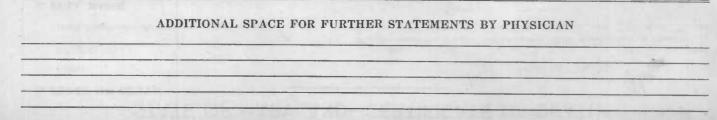
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year



MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County Cecil	Poriodration Diet Ma 97
County	No. 2 2 / W St., War (If death occurred in a horpital or institution, atveits NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Museum	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OB RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
Ch. 3.7.7.	, 19, to, 19, 19
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	
O lears train	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
or	were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	74
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this cocuration from the second of the	- Marine
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(/2 mos. gestation
10. Date deceased last worked at this occupation (month and year)	
(State or country) 2. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME Fronklight Work	
74/	Name of counting
(14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
1 15. MAIDEN NAME Sara Louise Warnkon	What test confirmed diagnosis? Was there an au'opsy? 23. If death wes due to external ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME San Jone Wormken 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
7. INFORMANT Grankli D. Kirk. (Address) Pekking and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Prematas, 19	Nature of injury
9. UNDERTAKER Paulo- (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 73, 1934 Janes Jack	(Signed) (Signed) M.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

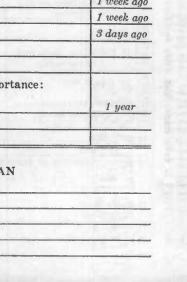
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	-1-3-3
Gallstones	May 1,1923	Gastroenteritis	1 year



PLACE OF DEATH	STATE OF MARYLAND
County Level	CERTIFICATE OF DEATH
Village or City Chellelumo.	Registration Dist. No. St.: Ward) (If death occurred is a hospital or institution, give its NAME in
2FULL NAME SULL Your	stend of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) , 19	17 I HEREBY CERTIFY, That I attended the deceased from 192. 192 that I las saw h alive on 192.
7 AGE If LESS to the local part of the local	hrs. The CAUSE OF DEATH " was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durana) vá. mom. de
(State or country) Churleslum Cecel	Contributory Secondary (D) arten) (D) arten) (D) arten)
FATHER II BIRTHPLACE OF FATHER (State or country little little I 2 MAIDEN NAME) O 10 000000000000000000000000000000000	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER COLLUL Bright 13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs
(Informant)	Where was disease contracted, if not at place of death? Former or usual residence
(Address) W Cut W	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19
15 Filed 6-14-34 192 Goo le. Quens Rogistra	20 UNDERTAKER ADDRESS
	strar, I6 W. Saratoga St., Balto., Requesting V. S. No. 1.





(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Cour minut, etc. nomen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, household only (not paid Housekeepers who receive a c," etc., report specifically the occupations of persons, en-Foreman, (b) Automobile For many occupations a single word or term on yr.8). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation factory. The material Locomotive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; or intercurrent) affection need not Chronic valvular heart disease; Example: Measles (disease " "Coma," "Convulsions, etc. The contributory Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE (OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
---------	----	-------	------	---------	------	----	-------

4 .	jin.	5%	3	400
	13	44	90	1
	U	V	"W	

1. PLACE OF DEATH	(72·L)
County Ce Cit	Registration Dist, No. 91
Village or City Chesopeake City	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs mo	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME William Roland &	oque
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (with the word)	21. DATE OF BEATH
The while Single	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	3-5, 1937, to 6-9-, 1937
EDITE OF MATHEMATINA	1-0- 31/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h - alive on - 7 - , 1952 - ; death is said to heve occurred on the date stated above, at 42 - m.
/4" // l day,hrs.	
70 7 ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, at 5 classel	Jodykuis disease 1931 [1]
SAWYER, BOOKKEEPER, etc.	- Enlarged Certical gland right orde 1979
9. Industry or business In which work was done, es SILK MILL,	
kind of work done, es SPINNER, A S Chool SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and	
- this occupation (month and spant in this	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Charles afeate the	attack of epilepsy miner) 5 days
(State or country) May Land	- Sastroenteritis with morrisain
13. NAME Jackey W Hogue	emaciation . march 193
13. NAME Tackery W Hogue 14. BIRTYPLACE (city or town) Chesoffreke City	Name of operation Excision Centrical Almod Date of 1979
(State or country) Mary Land	What test confirmed diagnosis? Was there an au opsy? 10
15. MAIDEN NAME Harry Europa Bedwell	
15. MAIDEN NAMP Nary Europa Bedwell 16. BIRTHPLACE (city or town) C. Las Janke City	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19
1 2 - C O / O	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mes Mary Library Sedwell (Address) Chesake City Med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piechel Cameley Date / 1, 19 3	Nature of injury
2+ wpin.	0
19. UNDERTAKER (Address) Elkton 2	24. Wes disease or injury in any way related to occupation of deceased? No
(Alluless) cerceon / Ly	tf so, specify the specify the specific that the
20. FILED 6/4 , 1934 B. H. Brown	(Signed) M. D.
Registrar.	(Address) Chesapealallely Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

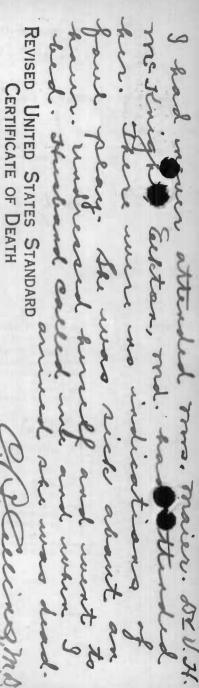
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
mugati V. S.	ii .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
This diseased was treated by me for enlarged cervical gland with some improvement four
This diseased was treated by me for enlarged cervical gland with some improvement four months I get vised a sained appropriate for ofthe hands was apprehend 1979, and again at leffuser Heapita
and respondence Hospital Phila. Po. where de agreesed Hod a King Since the test ment others
until these mouthe are when returned one in too weaking andition to take him on Xxxxx another
labratory testo to comprim diagnosis

PERSONAL AND STATISTICAL PARTICULARS 3 SEX	ccurred r instit NAME i	CERTIFICATE OF DEAT Registration Dist. No. St.: Ward) (If death occ a hospital or tion, give its No. give i	un (No.	Charleston	County
3 SEX 4 COLOR OR RACE SINETS. MARRIED. Married MARRIED. Married MARRIED. Married MIDOWED. OR DINORGED OR DINORGED OR DINORGED OR DINORGED OR DINORGED (Write the word) 6 DATE OF BIRTH August 14, 1865 (Month) (Day) (Year) 7 AGE IF LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (State or country) 44. (Signed) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (All Less take dabove, at The CAUSE OF DEATH was as follows: (Signed) (Signe			La June //are	JLL NAME CELA	²FU
MARRIED MUNDE OR DHYGRES OR DHYGR				1	
I HEREBY CERTIFY, That I stended the decease that I last saw has say in the CAUSE OF DEATH was as follows: Boccupation Suppose that I last saw has say in that I last saw has say	(Year)	June 12 , 18	MARRIED, Married	White	Female
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 Main or min.? The CAUSE OF DEATH * was as follows: Gativat was as follows: G		I HEREBY CERTIFY, That Lettended the decea	gust 14 , 1865	Augu	6 DATE OF BIR
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME (State or country) 13 MAIDEN NAME (State or country) 14 Means of Injury and (2) What is a state of the profession of the particular kind of work (Signed) (Signe	P.		If LESS than I dayhrs.	68 yrs. 9 1	
which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MAIDEN NAME OF COntributory Secondary (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) Violent Causes, state (1) Means of Injury and (2) What Accidental, Suicidal or Homicidal.	he	cardiac Cardition	Sonsewife	rofession or nd of work nature of industry establishment in	(a) Trade, properticular kir (b) General rebusiness, or e
FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (Signed) (Acidental, Signed) (Signed) (Acidental, Signed) (Signed) (Acidental, Signed) (Signed) (Acidental, Signed)		ontributory OVER	a.	E	9 BIRTHPLACE
OF FATHER (State or country) *State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wi Accidental, Suicidal or Homicidal.	7. M.	13 21 MATE 8	C. Taylor.	Mm. C.	FATHER 11 BIRTHPI
		ceidental, Suicidal or Homicidal.	Ja.	HER or country)	OF FATE Z (State o
OF MOTHER // TOURY TOURS 18 LENGTH OF RESIDENCE (For Hospitals, Institutions ients or Recent Residents) At place		nts or Recent Residents)	y recet.	PLACE	OF MOT
(State or Country) Where was disease contracted, if not at place of death?	108ma	e was disease contracted, t at place of death?	LEST OF MY KNOWLEDGE	or Country)	(State of
(Informant) Daniel Maren (Address) Chewlestown, Mel. Chewlestown Mel. 6/15.	URIAL.	residence	wel Maier wed.	0 0000	
15 Filed 6- 14-34 192 Les W. Questi 20 UN DERTAKER John Suy Milling	jten	Day John Son Milling	Leo W. Oursell Registras	14-34 192 Ku	Filed 6



(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of laborer, report specifically the occupations of persons first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laboreryrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. If the occupation has been changed -Coal mine, etc. Wom-Locomolive engineer, But in many

Strtement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," "Exhaustion," "Maras-nus," "Old Age, as fracture of skull, and consequences (e. g., sepsis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease American Medical Association.) approved (Recommendations on statement of cause of taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary peritonaeum, etc., Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on cough; or intercurrent) Chronic Carcinoma, Sarcoma, etc., of etc. affection need valvular heart Nomenclature of the The contributory not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH JACK
1. PLACE OF DEATH	82:0)
County County	Registration Dist. No. 76
Village or City Tout he Jacut, A. t. h.	NoSt.,Ward
Length of residence in city on town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long jm U.S. if of foreign birth?
2. FULL NAME Robert Bromsvell	Mershall-
(a) Residence: No. out he want, Mile	· St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) BLEFE of UMULE - Marshall	22. PI HEREBY CERTIFY, Thet I ettended deceesed from
6. DATE OF BIRTH (month, day, end yeer) Select. 16, 1858	I last saw ham elive on Aun 21, 1924; deeth is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the date steted above, et 3 m.
7 5 8 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER Tank	
Wind of work done, as SPINNER AMULT SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this occurrent land 4, 0, 2, 2, 4, 11. Total time (yeers)	(intrat 3/1 / Cery 1011-24
SAW MILL, BANK, etc	747.07
10. Date decessed last worked et this occupation from the end 9 3 3 11. Total time (yeers) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Forth & Cosit Till	Other Contributory Causes of Importance:
(Stete or country)	/
14. BIRTHPLACE (city or town) Out Ne Just	•
14. BIRTHPLACE (city or town) OU N D OSM	Name of operation Dete of
(State or country)	Whet test confirmed diagnosis? Was there en eu opsy?
15. MAIOEN NAME Cutchel Fulton 16. BIRTHPLACE (city or town)	23. It death wes due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Robert 3. Menshalf (Address) orthe Prasit and Rith	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE TO THE DETERMINE CELL DETERMINE DETE	Menner of injury
19. UNDERTAKER Jaca Gallison (Address) Perry Alle, Man	24. Was disease or Injury In any wey releted to occupation of deceased?
20. FILED UN 5 - 1934 L. F. Back Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed address State Remotrary	Charles Sarat Palimon Product St. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUL 3				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

S No. 1 >

PLACE OF DEATH County Cecil		1000	(B)	STATE OF N	
		Ceci	e County	Registration D	Dist. No. 92
Village or City Childs,	ie Mc Dowell,	_a	lous House	St:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATE	STICAL PARTICUL	ARS	MEDICA	AL CERTIFICATE C	F DEATH
3 SEX 4 COLOR OR RA	SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	ingle	16 DATE OF DEATH		34.a., 192
0.0000000000000000000000000000000000000	y 10,1854,	1(Year)	Nov. 1st 19	CERTIFY, That I atte	17, 1934, 192
7 AGE80yrs. 1	1	LESS than dayhrs.	The CAUSE OF DEAT	red on the date stated H * was as follows: Nephritis	above, at 5.30 P.M.
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Cecil	Laborer Julib	<u> </u>		(Duration) Unl	12 0 mos ds.
10 NAME OF FATHER Semme 1 Mc	Dowell		(Signed)June 19,1934	H. M. S. ENCLOS	Ma. M. D.
OF FATHER (State or country)	and .		*State the I i	scase Causing Death, ate (1) Means of Inj or Homicidal.	or, in deaths from ury and (2) Whether
of MOTHER Unknow	m Milbourn.			SIDENCE (For Hospit	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	wm.		At place of deathyrsm	osds. In the	yrsds.
(Informant) (Address)	Shighle Blon-Me) GE	Where was disease contrit not at place of deal Former or usual readence	L OR REMOVAL Plenely under	DATE OF BURIAL
If more b.anks	are needed, address its	Registral	Joseph (P Graup Ballo, Requesting V. S	north East No





(Approved by U. S. Census : nd American Fublic Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the household only (not raid Housekeepers who receive a laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionory firemon, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e g. Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of ocetc., Foreman, or At Home, and children, For many occupations a single word or term on yrs). Form loborer, Laborer-(b) Collon mill; (a) Salesman, without more precise specification as Day For persons who have no occupation 6 Automobile factory. The material -Coal minc, etc. Womnot gainfully 6 Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primity affection with respect to time and eausction), using always the same accepted term for the same dise se. E. amples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros in meaningitis"); Diphtheria (avoid use of "Croup"); I hold fever (never report "Typhcid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrlage, atic), "Atrophy," "Collapse," "Com2," "Convulsions, st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway troin State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Meosles; can be ascertained as the cause. eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory valvular heart diseose; Always qualify all not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 05931
1. PLACE OF DEATH	
County Cecil WITHIN CORPORATE LA	Registration Dist. No. 92
Village or City Elector Union Hospe	ELNO. St., Ward if death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME William Charles Pa	oken ?
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED by write the word) That	21. DATE OF DEATH June 4, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 200-11 1893	i last saw h stra alive on free 4, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm
4 h 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	wera as follows: Oatgolonset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	curous requires
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and yaar) occupation.	
12. BIRTHPLACE (city or town) Electore	Other Contributory Causes of importance: Olicoholism
(State or country) Way Can't	
I 13. NAME Jungleton Clarker	
14. BIRTHPLACE (city or town) Electron	Name of operation
(State of country) Thay care	What tast confirmed diagnosis? More Was there an au'opsy? To
15. MAIDEN NAMETURE	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Three during 16. BIRTHPLACE (city or town) Elefton R.S.	Accident, suicide, or homicide? Date of injury 19
E (State or country) Zuany lund	Where did injury occur?
17. INFORMANT My Rose Elston (Address) Source town Pa	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAV	Mannar of Jalury
Place Election Carratery Data June 7, 1934	Mannar of injury
19. UNDERTAKER 2+ wPiting	24. Was diseasa or injury in any way related to occupation of deceased? The
(Address) Elita - Cul	If so, specify A Morrison M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do hot use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
, New York				
Other contributory causes of importance: S		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	V
TYYN YNY TYNYYYY	DI TION I OIL	T. C. T. T. T. T. T. T. T. T.	DIEZETHIETHE TO	77 7	T AL TOTOTAL	, 3

egistrar.

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Yeer)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	1 week ago 1 week ago 3 days ago
Run over by street ear	1 week ago
	1 week ago
Peritonitis	3 days ago
	o dizys ayo
Other contributers cause of immediate	
Gastroenteritis	1 year
	Other contributory causes of importance: Gastroenteritis

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 Ω,

1	STATE OF MARYLA	ND-	CERTIFICATE OF DEATH 0598	33
/3	L. PLACE OF DEATH()			
1	County Cecil		Registration Dist. No. 90	
/	Village or City Mear Cerellon			
	village of city - say	(If	NoSt.,Step Manual or institution, give its NAME instead of street and number.	_Ward
	Length of residence in city or town where death occurredyrs	mos	ds. How long in U.S. If of foreign blrth?yrsmos	ds.
2	2. FULL NAME 12 aly Paore			
	(a) Residence: No.		St.,Ward.	
,cmm	(Usual place of abode)		If nonresident give city or town and State	
3	PERSONAL AND STATISTICAL PARTICULA SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W.		MEDICAL CERTIFICATE OF DEATH	
3.	4. COLOR OR RACE 5. SINGLE, MARRIED, W		21. DATE OF DEATH	+
50		gle	(Month) (Day) (Y	ear)
₽ā.	If married, widowed, or divorced HUSBAND of (or) WIFE of		22. \ I HEREBY CERTIFY, That I attended decease	nd from
	(or) wire of		June 2 1934 to Jame 3 19	34
6.	DATE OF BIRTH (month, day, end year) Jame 2. 14.	34	I last saw h an alive on 3, 19 3 4; death	ls sald
_		ESS than	to have occurred on the date stated above, at	
		hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	8. Trade, profession, or particular	1111114	were as follows:	olonset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Tream steers To the	
PAT	9. Industry or business in which work was done, as STLK MILL,		y and a transfer	
CO	SAW MILL, BANK, etc		- france after alsori	
00	10. Date deceased lest worked at this occupation (month and year)	s)		
12.	BIRTHPLACE (city or town) Mean Challering (State or country)		Other Contributory Causes of Importance:	
œ	13. NAME Year of Man Power			
FATHER	and the war			
FAI	14. BIRTHPLACE (city or town) Claid (State or country)		Name of operation Date of	
œ	9		What test confirmed diagnosis? Was there an autopsy?	
MOTHER	15. MAIDEN NAME (0 MANGE Craige 16. BIRTHPLACE (city or town) Clark Cut		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
Σ	(State or country)		Where did injury occur?	
17.	INFORMANT Liv. M. Port	ed,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAN CREMATION, OF REMOVAL	1 -	Manner of Injury	
	Place Cleffin Out Date Hell 2	1954	Nature of Injury	
	John & Mane	0		
19.	UNDERTAKER (Address)	ed	24. Was disease or injury in any wey related to occupation of deceesed?	
	Service 31 House		(Signed) Lind Jane	M.D.
20.	FILED MALE 4, 1904 JOHN	Parietae	(Address) Julies M	W. U.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FCE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y S	14		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH			(131)		
County Cecil				Registration Dist. No. 91	
Village or City Che	eaperke (ity	No.	St.	Ward
Long to the state of the state				ution, give its NAME instead of street and	number)
Length of residence in city or tow	where death occurred	yrsmos		of foreign birth?yrsm	os
2. FULL NAME 1010	u jacov	- Dage			
(a) Residence No.	(Usual place	-C-1-2-5	St.,Ward.	If nonresident give city or town and	
PERSONAL AND ST			MEDICAL C	CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR R	1	RRIED, WIOOWED,	21. DATE OF DEATH	1	
male white		ED (write the word)		June 3	, 193
5a. If married, widowed, or divorced	^			/ (Month) (Day)	(Year)
HUSBANO of Estela	Sager		22. JEL 27	Y CERTIFY That I attended	deceased from
6. DATE OF BIRTH (month, day, and ye	ar) Fely 14	1861	I last saw h alive on	June 3 ,193 X	; death is said
7. AGE Years M	lonths Days	If LESS than	to have occurred on the date stat	ded above, at 10 QL m.	11.00
73	3 19	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of Importance	10
8. Trade, profession, or particular kind of work done, as SPIN SAWYER, BOOKKEEPER, etc	INFR // To		Chrome	myveordites.	Date of onset
SAWYER, BOOKKEEPER, etc	11 6 De	u au			-
work was done, as SILK Mil	ull & Town	new		***************************************	
0 10. Oate deceased last worked at	11. Total	time (years)			
this occupation (month and year)	000	ent in this upation			
12, BIRTHPLACE (city or town)	hila		Other Contributory Causes of inpr	viterstital	
(State or country)	a		nephrit		
13. NAME facol	Sager				
14. BIRTHPLACE (city or town)	nd meter	malin	Name of operation	Oate of	
(State of country)	ermany		What test confirmed diagnosis?	Was there an a	au'opsy?
15. MAIDEN NAME TO	informs	lue	23. If death was due to external ca	uses (VIOLENCE) fill in also the following	g:
0 16. BIRTHPLACE (city or town)	vin		Accident, suicide, or homicide?	Date of injury	, 19
(State or country)		Where did injury occur?	(Specify city or town, county and State	(a)	
17. INFORMANT Mas La. (Address) Checo	a Dager	ty mil	Specify whether Injury occurred	in INOUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	7 9.	. 6 -	Manner of injury		
Place	Oate.	1934	Nature of injury		
19. UNDERTAKER 24 - CC	Pitpin		24. Was disease or injury in any	way related to occupation of deceased?	
(Address) Eletton	mid		If so, specify	J	
20. FILEO 6/6 , 1934	B. H. Bran	n	(Signed) Her	ret Dobs -	
		Danietuan	(Address)	out in und	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1/2

Gallstones	May 1,1923	Gastroenteritis	1 year
AL	DITIONAL SPACE FOR FURTH	IER STATEMENTS BY PHYSI	ICIAN

V. S. No. 1

sho	jo	
HYSICIANS	t statement	/
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
stated EX.	properly cla	certificate.
be	pe	Jo
should	it may	n back
AGE	o that	tions o
supplied.	in terms, s	See instruc
e carefully	ATH in pla	TION is very important. See instructions on back of certificate.
should b	E OF DE	is very in
mation	CAUS	TION

1. PLACE OF DEATH	CERTIFICATE OF DEATH 05955
County Co.	Registration Dist, Np. 92
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Reference E Scarbo (a) Residence: No. Pleasant Hell (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married widowed as divorced.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert W & carborough 6. DATE OF BIRTH (month, day, and year) Cert/ 8 5 6 7. AGE Years Months Days If LESS than I day,hrs. ormin.	22. I HEREBY CERTIFY, That I attended deceased from 1934, to June 921, 1934 I last saw h. alive on June 921, 1934; death is said to have occurred on the date stated above, at 7 - 2 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this	Coronory embolism 6-9-24
12. BIRTHPLACE (city or town) D. ard Julia (State or country)	Other Contributory Causes of importance: Carcurous & Colou (933
13. NAME Samuel M' Howell 14. BIRTHPLACE (city or town) Bay U iew (State or country)	Nama of operation Date of
15. MAIDEN NAME Maria Davidson 16. BIRTHPLACE (city or town) Boy Viii (Stata or country) Mage 17. INFORMANT Cliffy W. Scarlowage (Address)	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Leeds M. Cleut, Date June 12,193 9	Manner of injury
19. UNDERTAKER OSIFA R. Grant 20. FILED LINE 11-, 19 34 Mush man Proces Registrar. If more blook are proceed after State Position	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEIOGAU V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	Maria E
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.

(Address)

20. FILED

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(165)
County Cecil	Registration Dist. No. 9.3
Village or City near Expleton (16	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Eg bert M. Shellender	
(a) Residence: No. MADAY Newark, Del. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.	21. DATE OF DEATH June (Day) (1934 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary 7. Shellender	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Sept 20, 1869	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Carpenter and SAWYER, BOOKKEEPER, etc.	strangulation 6/6/34
work was done, as SILK MILL, farm taborer SAW MILL, BANK, etc	
this occupation (month and 6/6/34 spent in this occupation	
12. BIRTHPLACE (city or town) Oxford, fa.	Other Contributory Causes of importance: Alcoholism 46/34
13. NAME Joseph Shellendin	
14. BIRTHPLACE (city or town) Coleraine Pa-	Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME Lebecca Mc Kurg	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Hopewell, Pa, (State or country) 17. INFORMANT Mrs. Thomas Riley O	Where did injury occur? The Capple to Co. M. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY/in HOME, or in PUBLIC PLACE.
(Address) (FFD & Newark, DEL, 18. BURIAL, CREMATION, OR, REMOVAL, L.	in home
10. DURINL, GREWATION, UK REMYAL	Manner of injury Strangled by suspenders fastered to bed

Registrar.

Elston

If so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1

X	5	Y, PHYSI
	RECORD	ted EXACTL
DING	の 田 し	ay be prop
BINI	PER	E shou
FOR	IS A	d. AC
RESERVED FOR BINDING	NG INKTHIS IS A PERK KENT RECORD	refully supplied. ACE should be stated EXACTLY, PHYSI

	PLACE OF DEATH County_ Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 92
V	illage or City Elkton, Md. (No	St: Ward) St: Ward) (If death occurred I a hospital or institution, give its NAME in stead of street an number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEDMATTICAL (Write the word)	June 30, 1934. , 192
6	September 9, 1854, , 1	June 28,1934. 192 to June 30, 1934. 192 that I last saw h im alive on June 30, 1934. 192
7	16 LESS the l day hr	s. The CAUSE OF DEATH * was as follows:
101	(a) Trade, profession or particular kind of workaper making (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maryland.	Contributory Senile Dementia Secondary About (Duration) 2 yrs mos d Contributory Senile Dementia
NTS		(Signed). June 30, 1934 (Address) Elkton, Md. *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
PARE	12 MAIDEN NAME	Accidental, Suicidal or Homicidal. 10 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Iran ients or Recent Residents) At place of deathyrsmosds, Stateyrsmosd
14	(State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Catherine Rees, (Address) Childs, Md.	Where was disease contracted, it not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Cherry Hill Carreling Jacks 3, 1932
=	Filedully 1984 Million Registral	Journe abernath Elkhulle rar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

09331

(Approved by U. S. Census : nd American Fublic Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g.. Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day single word or term on Locomotive engineer,

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primity affection with respect to time and causation), using always the same accepted term for the same dise se. E. amples: Cerebrospinal ferer (the only definite synonym is "Epidemiz cerebros is iral meningitis"); Diphtheria (avoid use of "Croup"); Tylhoid fever (never report "Typhoid Pneumonia"); Lobur preumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway trainatelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. American Medical Association.) "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," E:haustion," "Heart failure," "Hacmorrhage," st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Com2," "Convulsions, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart Measles ; not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEAT

County

STATE OF MARYLAND—CERTIFICATE OF DEATH

205938

Registration Dist. N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. E.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones FEGI 93 NOC	May 1,1923	Gastroenteritis	1 year	
KF				

	1. PLACE O	4	3			(3)			do
		real					Registration	Dist. No.	70
	Village or	City Rie	ing Do	4 R. S	t.O.	No.	N NAR	st.,_	Ward
	Length of res	idence in city	or town where	death occurred		death occurred in a hospital or ins			
	2. FULL NA	ME O	delas	ide 2	Vell. to	n # 7.			
	(a) Reside	- A. A.	2.4.04.1.744			St Ward.			
	(a) nestac	100. 140		(Usuai place	of abode)	ou,	If nonresides	nt give eily or town i	and State
1		NAL AND	STATIST	ICAL PART	CULARS	MEDICAL	CERTIFICAT	E OF DEATH	
	3. SEX Hensell	4. COLOR	QR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Steer (Month)	28 (Day)	, 193 (Year)
	5a. If married, wido HUSBAND of	wed, or divorce	ed	0		22. I HEREE	A CERTIF	TV That I allow	
_	(or) WIFE of							Y, That I attend	
	6. DATE OF BIRTH	(month, day, a	nd year)	une 2	9. 1934	I last saw h alive on_			
11 -		ers	Months	Days	If LESS than	to have occurred on the date st			
					1 day,hrs.	The PRINCIPAL CAUSE OF DE	EATH end related cau	uses of importance	
	8. Trade, profe	ession, or parti	icular			Still born	child	bow	Date of onset
	SAWYER	work done, as , BOOKKEEPE	R, etc	non	<u>C</u> .	Jun 28	1934)	
	9. Industry or work was SAW MI	business in w is done, as SIL	hich K MILL,			./			
	S. Hade, p. on. kind of SAWYER 9. Industry or work wa SAW MI 10. Date decease this occur	LL, BANK, etc. sed last worke	d at	11, Total t	ime (years) ntin this				
	O this occu	pation (month	and	sps 007	ntin'this upation				
	12. BIRTHPLACE (c		Rising	md nd		Other Contributory Canses of in	mportance:		
,	2 13. NAME)	Wille	am &	Webl					
-	13. NAME 14. BIRTHPLAC	E (city or town				Name of operation.		Date of	
1	(State o	r country)	_ V	X.		What test confirmed diagnosis?			n autoney?
	15. MAIDEN NA	AME V	irgine	i She	Iton.	23. If death was due to external			
	15. MAIDEN NA	F (city or town				Accident, suicide, or homicide?			
	∑ (State o	r country)		a.		Where did Injury occur?			
	17. INFORMANT	m.W	Meas	n S. W	ell.	Specify whether injury occurred	(Specify eity of d In INDUSTRY, In H	or town, county and S IOME, or in PUBLIC	otate) PLACE.
-		TION OR REN	MOVAL ,	Mdo		Manner of injury			
	PlaceWil	4 Sate	ingha	mDate Jolen	2 29,1934	Nature of Injury			
	19. UNDERTAKER	L. E. J.	yson	2		24. Was disease or injury In en	y wey related to occu	pation of deceased?	
-	(Address)	1916	engl	un.	201	If so, specifyA	AD.1.		
1	20. FILED 0/4	1-13	340			(Signed)	glicer		
11	II	MY	Will	war	Registrar.	(Address)	tising	Suce	

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	V
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		Parameter and the second of th	

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
•	1. PLACE OF DEATH	(82:0) QL-
of of occ	County Cecil	Registration Dist. No.
item of should of OCC	Village or City PISING Sun	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		r death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
RD. Every YSICIANS statement	2. FULL NAME Benjamin Washing	1 - 11 - 1.
SIC ate	(a) Residence: No.	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
EC P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
r. >-	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Sune 28 193 4
NENT CTL sified.	Male White married 5a. If married, widowed, or divorced	(Month) (Day) (Year)
PERMANEN EX A C T L ly classified.	LUICDAND -4	22. I HEREBY CERTIFY, That I attended decaased from
RMA X A class	- constine c. wright	Jun 16 1034, 10 Jun 28 , 1934
E E	6. DATE OF BIRTH (month, day, and year)	Vast saw have aliva on with 127 1934; death is said
IS A PE stated E properly ertificate.	7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, at 2. A.m.
IS A PE stated E properly certificate	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on pot
HIS be be	8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc. 22 esm 8.6	Ceptral resurrings 7
ould may back	9 Industry or business in which	- James
VK_T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
1 10	10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spacing this occupation 12.	
NFADING I. pplied. AGE erms, so that instructions o	0	Other Coatributory Causes of importance:
	12. BIRTHPLACE (city or town) DecreTary (Stata or country) Dorchester Co. Md.	
UNFAI supplied. n terms, ee instru		
H UN supplied the	13. NAME Joseph Wright 14. BIRTHPLACE (city or town)	Name of operation
· H .= 70	(State or country)	What test confirmed diagnosis?
WYTH UNFA- efully supplied in plain terms, ant. See instru	15. MAIDEN NAME Sarah Harris	23. If death was due to external causes (VIOLENCE) fill in also the following:
. 시설 나 뿐	15. MAIDEN NAME Sarah Harris 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
AINLY, ld be can DEATH y import	(Stata or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT / annie H. Wright	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION, OR REMOVAL	
E E .=	Place East New Marke 1 Data cely 1 1974	Manner of injury
WRITE mation s CAUSE TION is	LE Tub and	Natura of Injury
I E OF	19. UNDERTAKER (Address) Robert Llen. Md.	If so, specifyA
m U	20. FILED (2) M- 134 4 +	(Signed) Sucu M. D.
ZD	20. The Manual Registrar.	(Address) Resur Sun
(Hen	If more blank ar fleeded, was sis State Redistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05941

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